Meeting Notes – HIT Steering Committee
June 17, 2013

Present:
Dawn Gallagher, Shaun Alfreds-HIN, Poppy Arford-consumer , Len Bartel, Hunt Blair-ONC, Dev Culver-HIN, Jonathan Ives-HIT, Joanie Klayman-IHOC, Phil Lindley-ConnectME, David Maxwell-ConnectME/HIT, Martha Vrana-Bossart-Community college, David Winslow-Maine Hospital Association, Paul Kleiner-practitioner

On Phone:
Cindy Hopkins, Glen Martel, Ralph Johnson, Karynlee Harrington-MHDO, Katherine Pelletreau, representatives of the Long Term Care Association

AGENDA DISCUSSION ITEM: EVALUATION OF THE OSC/HIE PROGRAM AND PATH FORWARD

1. Introduction: OSC/HIE Evaluation

This meeting is Day 2 and continues last Thursday's call on framing up areas for evaluation and next steps. The OSC is required to evaluate the program (HIE Cooperative Agreement and the OSC). The ONC has provided a detailed evaluation framework and template which states OSC evaluate:

- Look back--compare what we did (accomplishments) with the goals developed under the State HIT Plan in 2010.
- Lessons learned—what worked; what needs improvement
- Looking forward—Much has changed since 2010--MU program moved under the OSC two years ago; linking HIT/HIE/OSC into in MU Stage II and emerging initiatives (SIM, Health Home, LTC, BH); LD 1818 final report with recommendations for the OSC.

2. Background on the ONC—Looking Back and Looking Forward (Hunt Blair)

Hunt: ONC is part of the Office of the Secretary, of CMS yet separate from Medicare and Medicaid. It is authorized for continuation within HHS yet will morph into a different structure yet to be determined. But it is clear that the OSC should remain and there are no questions about that. .

States need to make sure that there is a plan that includes all the varied activities. It needs to address how the State wants to move forward. Some states want to have the OSC as a senior policy position perhaps even in the Governor's office. Other states use non-profits for their efforts. You could here in Maine decide to hand the coordination over to HIN. It's the balance of business models and public interest models that fit for the State. I am not well acquainted with the history of Maine's efforts, so it's discussions like this in public forums of what works best for Maine.

Comment: Yes, Maine is a small state and at least we argue in public here in Maine.

Hunt: That's a good thing. Like I said, I don't have extensive knowledge about the history of Maine's OSC and the framework for the HIE. I can say that as part of the determination that the

ONC needs to continue (along with the OSC) we have identified 3 focus areas: 1) standards for interoperability, 2) strengthening and tightening report measures for EHR's (Certification of EH Rs not just for the EHR but for data); and 3) calling for federal rules to ensure that there is a clear role and standards for the data and the exchange of data.

> **Q. Dawn:** Will those standards for expectations of standards for transport security, include expectations in standards for HIEs? With all of the different models in place at the state level--will states retain their ability to use different models for HIEs?

Hunt: Currently there are no statutory requirements for one model of HIE in place. Question is more where will the money come from? The ONC believes the EHR is the key area to focus on. Healthcare is not set up the way that federal government traditionally set up so federal government needs to know what is going on with the different areas that they are funding. How do we operationalize government policy? When we look at the internet no one said how are we going to sustain this. It happened when we saw the capability and investment happened.

Q. **Dawn:** Can you speak about some regional HIE efforts?

Hunt: Yes. HealthEway-consortium. Set up by the government, funded by ONC now spun off to a non-profit. HealthEway-1 layer of what will be multiple layers of exchange of data.

Shaun: HealthEway is information of sharing data between organizations (HIE's) and government level –HealthEway.

Hunt: HealthEway has its own governance structure; it is an experiment and a new area for healthcare. It is based on a several-state approach.

Shaun: The way that HIN looks at this is that the HIE was founded at the same time ONC was founded. As HIN moves forward they need to make sure their efforts are supporting the needs of healthcare as it moves forward. Maine is unique.

Dev-EPs are submitting data and the structure of the way we manage the data, because HIN is small enough to know the healthcare organizations they work with. Being small brings an ability of practicality and a trust framework to come to a consensus around areas of conflict.

Hunt: We recognize the dual importance of claims and clinical data. That needs to be part of the mix.

Michael D. How do we do that--ensure that everyone gets access to clinical and pay for this going forward?

Hunt: CMS grants, occasional other grants; compared the sustainability of the internet as an example of how the cost of data will be funded by the amount of data exchanged. Medicare has not really contributed to the cost and we will see review of broad, equitable funding.

Poppy: financial landscape going ahead, monies dry up and the community has to come forward. If we are creating systems that create cost that expect the old funding to pay for it when there isn't yet a proven way to pay for it.

Hunt: Theoretically money will be saved when lab tests, etc don't need to be repeated because the data can be accessed. It is an ROI component.

Ralph Johnson-The lab example may not reflect ROI, because the savings is on the patients/insurance side, but for the organizations providing the services, the ROI is reduced. 25% of our IT staff has been laid off so the very staff that are going to bring us to exchange and developing technology are the first staff to go.

Paul: With privacy issues, there are competing interests with the healthcare industry that can't be compared to the evolution of the internet. The internet from its inception was not structured on the sharing of personal health information; it was a new business model; not a healthcare model.

Hunt: The sharing of information definitely needs to be more effective and secure. But looking back, people were concerned about sharing health information. Yet people now want to continue and expand this model after seeing it in place and how information improves health outcomes.

3. Discussion about Framework of Evaluation

Dawn: As we discussed on Thursday, the ONC has provided the topics for evaluation. The initial State HIT Plan was drafted through the HITSC. Let's look at the goals the State adopted in its State HIT Plan four years ago, and the topics to help frame evaluation questions on how we've done meeting those goals, lessons learned, and future activities. Keeping in mind that the MU program is now under the OSC, and we have LD 1818, a component of the evaluation—the look forward—could be how do all of the current components work? (Below is a summary of the goals and objectives.)

Goal 1. Electronic Health Records, Exchange and Security Standards

By 2015, all people in Maine will be cared for by healthcare providers who share electronic health and health related information securely within a connected healthcare system using standards-based technologies that promote high quality individual and population health.

Strategic objectives:

By 2015, all providers in Maine will have an E H R, and share clinical and administrative information. The State will institute system improvements and enhance frameworks and governance of HIT programs including provider participation, exchange, and reporting of clinical, claims, and Meaningful Use data.

By 2016, all MaineCare Members will be managed by DHHS and providers who have secure access to and use of electronic protected health information, while adhering to strict privacy, security, and confidentiality requirements.

Paul: Not all providers will have electronic health records. The uninsured clinic will have no EMR. There is going to be a level of those that won't be in the EHR system.

Dawn: So a question would be how to get this group engaged in HIT and the exchange?

Poppy: Since the goal says "all people of Maine" this needs to include the group Paul mentions.

Shaun: I think we should take a step back and ask the question: What is the purpose of the evaluation and how will it be used? The scope of the evaluation should be just the cooperative agreement. I'm getting confused seeing the goals of the MU HIT plan, which is a broader initiative than the cooperative agreement, being lumped into the OSC. The role of the HITSC is to respond to the OSC on the cooperative agreement with HIN. There is no requirement that the OSC work includes the MU program or should be included in new initiatives, such as the SIM. There is a governance structure of SIM already set up. Doesn't the SIM structure serve the needs of governance of all initiatives?

Joanie: Over the past four years, there has been more information and more initiatives under the OSC/HIT than just the HIE. This changes the evaluation and how we want to move forward. We need to build in all of the great work that we have done under the IHOC and with that ending in 18 months, need to make sure that that work is part of a sustainability plan. The SIM structure as it stands now, as I understand it, is based on the SIM grant.

David: I am not aware that the SIM grant, includes the FCC grants for LTC and the grant for rural providers. And the telehealth piece. So we would need to make sure that what comes out of this encompasses them. Also our survey work on E HRs and the internet access and capacity.

Telephone comment: The LTC grant proposal is also an example of an initiative that is coming out of the HITSC.

Dawn: My understanding is that the SIM grant is for a fixed period—three or four years. It would be good for us to hear from the SIM core team what lies within the SIM. On that note, with all of the pressing deadlines for SIM, the SIM project managers were unable to join us today. I will invite them to future meetings as it would be good for us to have updates on the SIM as well as for them to hear about initiatives such as IHOC or the FCC grants on LTC. Also they may be able to give us a glance into the future after the 3-4 year SIM grant, since the MU program is funded through 2021. The MU program funding for HIE and even newer initiatives like the PHRs would help the goals of SIM and provide some sustainability for models that come out of it.

Dev: There is a practical issue here—the tight calendar to get this done. I see that the RFP is be awarded by September. I can see there being a part 1 which is the cooperative-agreement and then factor in the additional structures and processes which could be SIM, IHOC, sustainability.

Hunt: OSC perspective not so much about a particular place in the state where it will happen but that it coordinated. How do we deal with multiple federal funding streams, managing innovation and government? The coordination needs to include all of the silos of projects.

Dawn: So perhaps we bifurcate the evaluation into two pieces—1) the cooperative agreement and the 2) second which is looking at the evaluation as a means of providing options based on

our experiences with the various initiatives, what the OSC would like--continue to be a clearing house where we make sure that strategies, such as the SIM grant, benefit from the linking of other initiatives such as the IHOC? A coordination effort for say the duration of the SIM grant or the Health Homes or the FCC grants, over the next four years or some period? The MU program?

Moving on to Goal No. 2

Goal 2. Policy and Promotion of Evidence Based, Clinically Effective and Efficient Care

Electronic healthcare information will be used by the OSC to develop appropriate public and private policies throughout the healthcare system to promote evidenced based, clinically effective, and efficient care for all people. **Strategic Objectives**

1) By 2016, all health care programs and data (including population health reporting to CDC) will be intrinsically linked through State alignment at every level possible to assure that the programs and data collected are used to improve population health.

2) All HIT and exchange activities will be developed and overseen by the OSC through structures that promote cooperation and collaboration among all public and private stakeholders and which build upon existing partnerships developed throughout the history of HIE in Maine, and with the recognition of the public interests in regulatory, accountability and fiscal functions.

Goal 3. Communication, Education and Outreach Benefits.

By 2015, all people and providers in Maine will be informed about the benefits of HIT, and have access to a flexible comprehensive consumer centric life-long health record – "One Person One Record." ***Strategic Objectives***

1) By 2016, MaineCare will develop and implement comprehensive communication and training programs for State decision makers, staff, providers, citizens of Maine and stakeholders; all providers will achieve MU guidelines; and for people who participate in HIE, ensure all providers have comprehensive access to patient's health care information for informed decision making.

2) *By 2015, the* statewide HIE will implement Statewide health information exchange services, connecting all providers, payers, laboratories, imaging centers, pharmacies, public agencies and other relevant stakeholders to allow for the appropriate, secure, and private exchange of PHI for coordination of care among all primary care and specialty providers.

3) Recognizing that HIT and HIE are tools, evaluation metrics will be iteratively developed and promulgated across the healthcare system of Maine to assure that HIT tools are used appropriately and to the benefit the people of Maine.

Questions for the evaluation could include: What types of consumer engagement have we had over the span of HIT initiatives? Is there a coordinated effort for consumer

engagement? With the advent of Meaningful Use Stage 2 HIT requirements, consumers will need to have access to electronic health data. How does the State promote consumer engagement and coordination?

Dawn: We have consumer engagement at MQF, IHOC, HIN. Important and integral to each initiative. What should be the role of the HITSC for consumer engagement?

Poppy: Multi-stakeholder comments are needed. We do not have a group that meets to discuss all consumer issues. Every group is now focused on its own mission, which is good, but we need to have a joint vision. That is what I took LD 1818 report to say.

Dawn: The ONC requirements for the OSC / HIE evaluation include a review of the what are the goals under the program, outputs and generic aims and how to measure the aims, timeframes of what needs to be done, process of gathering information- interview stakeholders, different focus groups--the HITsc, providers, consumers, legislators, patients, organizations, etc.

Shaun: Sounds like you're working on an evaluation plan?

Dawn: Yes, as we talked about at our May meeting and last Thursday, we are using the ONC evaluation plan template, and will share a draft at the next HITSC meeting for input. We wanted to set the stage for having the HITSC weigh in on what they see as valuable in terms of the past, lessons learned, and the future.

Joanie/Jonathan: It is important to include not only the HIE functions but all of HIT efforts like IHOC.

Martha. I agree. The community college program has had an effect on the HIT work force and thought should be given to evaluate that component and its benefits.

Julie: In the past, the LTC and health home and hospice areas were left out of the MU program. It is important to demonstrate how they will be included in the future.

Someone on phone: And the BH section of this. The SIM grant opens that door yet it is a small number of providers compared with the population BH covers.

Shaun: HIN would be interested in bidding on the evaluation. Will HIN be precluded from applying?

Dawn: We will research that question with our purchased services and AG.

Shaun: Good. Because HIN would be very interested in bidding.

4. Discussion: Questions for Evaluation

Dawn: What specifically would you want the evaluator to look at?

Discussion: Technical components, funding, Linking for the Long-Term.

Dawn: Keeping in mind the discussion on focus areas, let's talk through them.

A. Linking Initiatives for the Long-Term

With the ONC and CMS promoting innovative health care plans through the use of the SIM, health home, value-based purchasing, how is the role of HIT integrated into and with these efforts to promote communication and coordinator and health care improvements and efficiency? How do we best incorporate the experiences we have had with HIT and add value to emerging efforts such as the SIM grant (whose purpose is to look at the models of health care delivery); Health homes: services for MaineCare members with chronic conditions; FCC grants for LTC? With the IHOC grant ending in 18 months, how do we incorporate the vast improvements in HIT for children, lessons learned, and the sustainability of the IHOC effort?

Do we, as a State, have comprehensive knowledge and coordination of health care initiatives? Should one component of the evaluation be an inventory (grid) of initiatives and a mechanism of having a coordinated effort to include HIT policies and stitch together the various pieces?

How do we continue to build on the infrastructure where the OSC has functioned of being the HIT clearinghouse? How has the structure and membership of the HITSC worked and what enhancement should be made for the future? Is the membership reflective of today and the future?

B. Technical Components

What actions have been taken and what new activities should we engage in to promote the utility and interoperability standards of EHRs and exchange systems and the HIE?

What policies could Maine adopt to provide incentives for the vendor market to improve interoperability?

Comment from Paul: Utility: What can we do to integrate the utility and interoperability standards for interoperability?

Shaun: Certainly, the interoperability, specifically look at the movement of data. Link the policy to the implementation process.

Dev: focus on objectives of interoperability and interchange. Interoperability standards as they are proposed and at its practical application. Standards themselves need to be changed.

Dawn: I would like to work with you to id the technical issues that we should include in the evaluation.

C. Funding

How can Maine leverage Meaningful Use funding, or other funds to expand exchange possibilities and special registries reporting?

Now that we have claims data and clinical data, how are they best linked to provide more meaningful use of health care data? Should there be investments to get all providers into the exchange? What are the sources available for investments?

Dawn: We have a piece-meal approach to funding – SIM, ConnectME, HIT, ONC.

Frank: There should be a recognition that laying off 25% of IT staff, affects all initiatives and the ability to have a sustainable effort at the state level.

Shaun: Our aim should be sustainable funding. Create products providers will purchase.

Dawn: So you're saying that there is a need to look at the sustainability of the mix of funding?

Shaun: Yes a mix of funding and products.

D. Updated State HIT Plan

Dawn: How does the group want to capture the lessons learned in the past four years to help formulate the future? We now have the existing State HIT Plan approved by the Office of the National Coordinator for HIT with goals that run through 2015 and 2016, plus the MaineCare HIT Plan approved by CMS in June 2011 (Update approved in April 2013 (through September 2015). Should those be used to reinvigorate to reflect accomplishments, updated goals and strategic objectives, with further integration of the OSC and MaineCare Meaningful Use Program, emerging health initiatives and meeting the Triple Aim?

Poppy: need discussion as many people have difficulty discussing this as a consumer engagement. I will send some documents. There needs to be a framework to facilitate the CE discussion.

Joanie: Also, we need to include children as a specific component of the evaluation and building it into the sustainability.

Michael: We need to recognize that we all need data and that it must be shared on a level-playing field. We are seeing that under the SIM and Health Homes.

Poppy: In the LD 1818 group, there was recognition that there can no longer be a fight about the data. It needs to be shared by all and accessible to consumers.

Ended discussion with wrap-up. And next steps:

Dawn: Work work HIN to ID technical issues; Reach out to IHOC and Poppy (for CE); will issue meeting notes; and draft evolution plan for comment; invite SIM

Meeting adjourned at 3:05